

Name  
in  
Full

CERTIFICATE OF DEATH

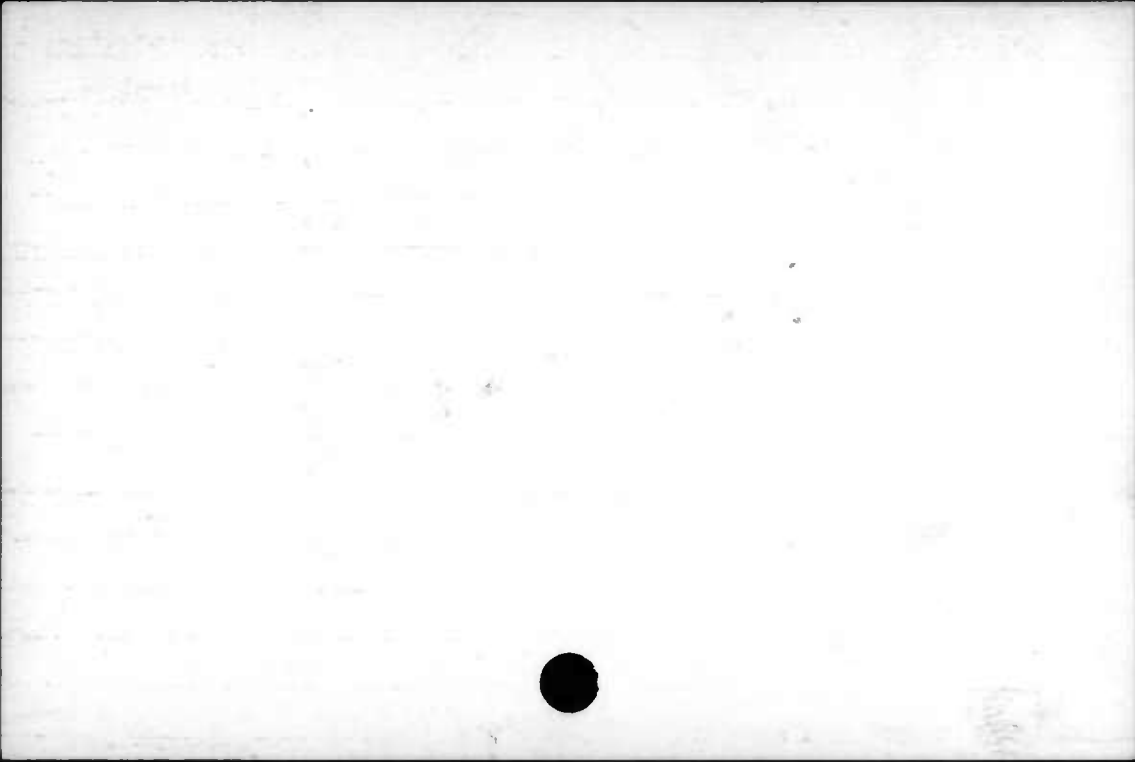
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>St Louis</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death	1903	Month	April	Day	4
Sex	male	Color or Race	Caucasian	Years	—
Occupation	—			Months	—
Where Residing if not at place of death			—		
Married, Single or Widowed			—		
Name of Wife or Husband			—		
Father's Name			<u>Miller August</u>		
Father's Birthplace			<u>Calvert</u>		
Mother's Maiden Name			<u>Miller Bessie</u>		
Mother's Birthplace			<u>Calvert</u>		
Name of person giving information			<u>Ally Buckner</u>		
How related to deceased			<u>Uncle</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Unknown Blue Poison</u>	How long	—
Immediate	<u>Blue Poison</u>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>[Signature]</u>	
Address		<u>Waukegan</u>	
Accident or Suicide?		<u>Indeterminate</u>	



Name  
in  
Full

Isabella Cook

## CERTIFICATE OF DEATH

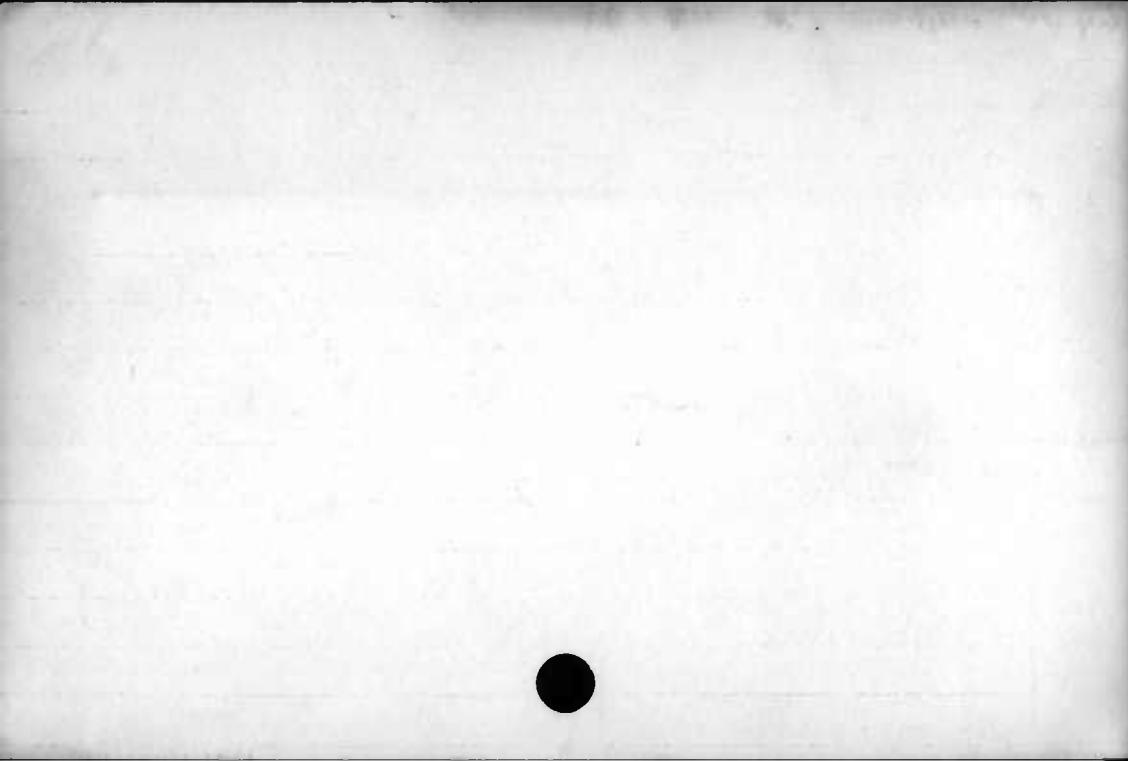
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cherryville</i>		County <i>Calvert</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>12</i>	Age <i>85</i>	Months <i>11</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Calvert Co.,</i>		
Married, <del>Single</del> or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Abner Cook (Dead)</i>					
Father's Name <i>Benjamin Quill</i>			Father's Birthplace <i>Calvert Co.,</i>		
Mother's Maiden Name <i>Jane Parker</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Barbara Jane Ray</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>	How long <i>10 years</i>
Immediate <i>Valvular Dis. of Heart</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Hixman,</i>
	Address <i>Lower Marlboro, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

111

MARYLAND

Died at

Town

County

Infant  
10 o'clock  
Month DayMuhlenberg  
M. D.

Native of

Occupation

Date 19

April 10 wed

Age 1 days

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

William Curtis

Anrelia Harrod

Cause of

Primary

Born Sick

How long sick

Death

Immediate

Mutitunal Death

Accident, Suicide, Homicide

Reported by

Cathleen Smith 151

Address

Mutual P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Galt

Town

County

Died at

1903

Date

April 23

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

6

Cal. co.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Sing~~~~Widow~~~~Number of children living~~Husband  
of  
WifeFather's  
Name

Husley Galt

Mother's  
Name

Eliza King

Cause of

Primary

Tuberculosis

How long sick

all life

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Feitch M.D.

Address

Huntingtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

John Halland  
 Town Secunduland County Calvert

MARYLAND

Died at Secunduland Calvert  
 Date 1913 Apr. 20 Y. 80 M. 0 D. 0 Native of Cal. Co Occupation Farmer  
 Male White Married Widow Divorced Number of children living  
 Female Colored Single Widower

Husband of Coraline Hunt  
 Wife

Father's Name John Halland Mother's Name No Record

Cause of Death Primary Pneumonia How long sick 10 days  
 Immediate 93 Accident, Suicide, Homicide

Reported by J. W. Leitch M.D.

Address Thurington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Thomas Holland 13

Died at <sup>Town</sup> *Shiloh* <sup>County</sup> *Culbert* MARYLANDDate 19 *April* <sup>Month</sup> *19* <sup>Day</sup> *14* <sup>Y.</sup> *1903* <sup>M.</sup> *03* <sup>D.</sup> *03* <sup>Native of</sup> *Culbert* <sup>Occupation</sup> *Backsaw*Date 19 *April* <sup>Month</sup> *19* <sup>Day</sup> *14* <sup>Y.</sup> *1903* <sup>M.</sup> *03* <sup>D.</sup> *03* <sup>Native of</sup> *Culbert* <sup>Occupation</sup> *Backsaw*Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *3*Husband of *Drus Kinn*  
Wife *Drus Kinn*  
Father's Name *Drus Kinn* Mother's Name *Drus Kinn*Cause of Death { Primary *Drugs* Immediate *Percussive* How long sick *9 mts*Cause of Death { Primary *Drugs* Immediate *Percussive* How long sick *9 mts*Reported by *Drus Kinn*Address *Mutual*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ann. Harrod

2

Died at

Town  
Mutual

County

Calvert

MARYLAND

Date 1903

Month Day  
April 16

Age

Y.

M.

D.

Native of

Occupation

- - 1 1/2 md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Thos. Harrod

Maiden Name

Harriett Henson

Cause of

Primary

Heart disease

How long sick

1 1/2 days

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Thos. Harrod - father

Address

Mutual Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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